## L07000107680

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500184514065

08/25/10--01004--029 \*\*425.00



## COVER LETTER

	istration Section sion of Corporations			
	•			
SUBJECT:	BCG ME	TAL FABRICATORS, LLC		
	Name of L	Limited Liability Company		
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	SALVADOR A. JURADO			
	Name of Person			
DADE TRUSS COMPANY, INC.				
	Firm/Company			
	6401 NW 74 AVE			
	Address			
MIAMI, FLORIDA 33166				
	City/State and Zip Code			
	SJURADO@BCG.BZ			
E-mail ad	SJURADO@BCG.BZ Idress: (to be used for future annual report n	notification)		
For further information concerning this matter, please call:				
SA	LVADOR A. JURADO	at ( 305 ) 592-8245		
	Name of Person	Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	MAILING ADDRESS:		
	stration Section	Registration Section		
	sion of Corporations	Division of Corporations		
	on Building	P.O. Box 6327		
	Executive Center Circle  hahassee, Florida 32301	Tallahassee, Florida 32314		
1 4116	massoc, 1 lollad 52501			
Enclosed is a check for the following amount:				
<b>.</b> Z\\$	25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR/LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BCG METAL FABRICATORS, LLC				
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	6401 NW 74 AVE, MIAMI, FL 33166			
(b) Mailing address of limited liability company:	-M-10			
(Note: MAY BE POST OFFICE BOX)	6401 NW 74 AVE, MIAMI, FL 33166			
10-23-2007	L07000107680			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	SALVADOR A. JURADO JR. ESO. TI			
Registered Office Address:	6401 NW 74 AVE SS TO THE MIAMI, FL 33166			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.				
NEW Registered Agent:	SALVADOR A. JURADO			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6401 NW 74 AVE MIAMI			
Med 22 12gazza 2	,FL <u>33166</u>			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
0105-05-8				
Signature of a member or authorized representative of a member				
SALVADOR A. JURADO				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.				
Signature of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00**